

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH  
COVER SHEET PG 1

2003 JAN 15 AM 10:43

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages this report:

1/6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Mr. Philip  
NICKNAME LAST SUFFIX  
Phil Cortez

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 240758

☐

Change of Address

San Antonio TX 78224

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Mrs. Rose  
NICKNAME LAST SUFFIX  
Cortez

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

351 McNamey

San Antonio TX 78211

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 210 ) 923-1557

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year

11/25/0002

THROUGH

12/31/0002

10 ELECTION

ELECTION DATE  
Month Day Year

05/03/0003

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Other -- City Council 4

13 DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Mr. Philip Cortez

2003 JAN 15 AM 10:43

15 ACCOUNT # (Ethics Commission filers)  
2003 PC

## 16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

## 17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

## 18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5850.00

## EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

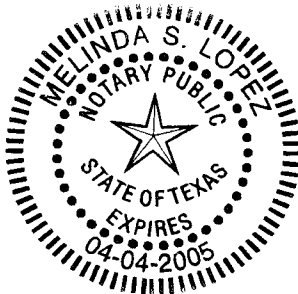
\$ 2249.14

## OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

## 19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Philip A. Cortez  
this 14th day of January, 2003, to certify which, witness my hand  
and seal of office.

*[Signature]*  
Signature of officer administering oath

Melinda S. Lopez  
Printed name

*[Signature]*  
title (Effective 11/16/1999)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

2003 JAN 15 AM 10:43

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
3/6

2 FILER NAME  
Mr. Philip Cortez

3 ACCOUNT # (Ethics Commission files)  
2003

4 Date 12/03/0002  
5 Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Willie and Rose Cortez  
6 Contributor address; City; State; Zip Code  
351 McNarney  
San Antonio TX 78211

7 Amount of contribution (\$) 100.00  
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date 12/26/0002  
Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Michael J. Garcia  
Contributor address; City; State; Zip Code  
16914 Vista Village  
San Antonio TX 78247

Amount of contribution (\$) 1000.00  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 12/09/0002  
Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Gerald Lee  
Contributor address; City; State; Zip Code  
1226 E. Sunshine  
San Antonio TX 78228

Amount of contribution (\$) 1500.00  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 12/31/0002  
Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Isaac Ruiz  
Contributor address; City; State; Zip Code  
3817 Parksdale  
Box 13  
San Antonio TX 78229

Amount of contribution (\$) 1000.00  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 12/12/0002  
Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
San Antonio Firefighters P.A.C.  
Contributor address; City; State; Zip Code  
8925 West IH 10  
San Antonio TX 78230

Amount of contribution (\$) 250.00  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

2003 JAN 15 AM 10:43

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this report:  
4/6**2 FILER NAME**  
Mr. Philip Cortez**3 ACCOUNT #** (Ethics Commission filers)  
~~2003~~ **2****4** Date **5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)

Mr. David Starr

12/04/0002

**6** Contributor address; City; State; Zip Code

2161 NW Military Hwy

Suite 111

San Antonio TX 78213

**7** Amount of  
contribution (\$)

1000.00

**8** In-kind contribution  
description (if applicable)**9** Principal occupation (Optional)**10** Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)

Mr. Christopher Wyatt

12/31/0002

Contributor address; City; State; Zip Code

2126 W. Mistletoe

San Antonio TX 78201

Amount of  
contribution (\$)

1000.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**PLEDGED CONTRIBUTIONS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE B 1**  
(FOR FORMS C/OH & SPAC)

2003 JAN 15 AM 10:43

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

5/6

2 FILER NAME

Mr. Philip Cortez

3 ACCOUNT # (Ethics Commission filers)

2003 *re*

4 TOTAL OF UNITEMIZED PLEDGES:

→→→→→

\$

0.00

5 Date

12/21/0002

6 Full name of pledgor

☐ out-of-state PAC(ID# \_\_\_\_\_)

Mr. Rudi Rodriguez

7 Pledgor address; City; State; Zip Code

10000 W. Commerce

San Antonio TX 78227

8 Amount of  
pledge (\$)

1000.00

9 In-kind description  
(if applicable)

10 Principal occupation (optional)

11 Employer (optional)

**POLITICAL EXPENDITURES**CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

2003 JAN 15 AM 10:43

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
6/6**2** FILER NAME  
Mr. Philip Cortez**3** ACCOUNT # (Ethics Commission filers)  
2003-02**4** Date  
12/28/0002**5** Payee name  
Allied Advertising**7** Amount  
(\$)  
2000.00**6** Payee address; City; State; Zip Code  
3700 Blanco Rd.  
San Antonio TX 78212**8** Purpose of expenditure (See instructions regarding type of information required.)  
signs**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**Date**  
12/09/0002**Payee name**  
San Antonio Post**Amount**  
(\$)  
200.00**Payee address; City; State; Zip Code**  
P.O. Box 14463  
San Antonio TX 78214**Purpose of expenditure (See instructions regarding type of information required.)**  
newspaper ad**Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held**Date**  
12/17/0002**Payee name**  
Ms. Mariessa Sanchez**Amount**  
(\$)  
49.14**Payee address; City; State; Zip Code**  
5315 Fredericksburg Rd. # 610  
San Antonio TX 78229**Purpose of expenditure (See instructions regarding type of information required.)**  
reimbursement for candy canes and supplies**Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held